IMPOTENCY IN WOMEN.

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In view of the just and proper restrictions thrown round the sexual act, this is a subject of exquisite delicacy. I am tempted to adopt it as a monographic text because it is of sufficient importance as a source of unhappiness and disease to merit the attention of the gynecologist; and also, that within the compass of the term lie symptoms ungrouped and facts yet unexplored.

With impotency in man we are dealing with a positive quality, and one that underlies his competency as a sexual being. This condition in woman furnishes us with a negative quality, one that does not interfere with the sexual relation, except such fulfilment and completion of it as constitute healthful conditions of the act in the woman herself.

Impotency in the female does not imply sterility, nor is unfertility an absolute result in man. It may be the general and probable result, but in the conditions that constitute this disability it does not exist as an invariable consequence. One instance of this occurred within my own experience and in the practice of the late Dr. John P. Whitbeck, of West Troy. A young man, the victim of an accident, had impotency, that, judging from the subjective symptoms of sensation and the objective ones of motion, was the result of serious nervous disease. He married, and his wife presented herself in a few months for an explanation of her condition. It was diagnosed as pregnancy at the fifth month. Yet here we had the corroborative testi-

mony of the wife and the positive evidence of the existence of virginal traits, that complete sexual intercourse had never taken place. This approves the observations made long since by Sims, that pregnancy may be the result of a deposit of the fertilizing element of the male within reach of the sexual canal of the female, and without reference to the means. Great light is thrown upon the significance of impotency as generally understood, and as existing uncomplicated by functional or organic disease of the seminal glands, by the frequency of pregnancy as a result of vulval intercourse.[1]

This is offered as a partial explanation of the seeming paradox that impotency is not an absolute bar to fertility in either sex. But while in man we must give it its long established *status*, both as a legal obstacle to marriage and as a probable cause of the defeat of the sexual act, in women we must assign it other significance and value. The single fact that woman's sexual attitude is a passive and not an active one, renders the difference in result, as between the sexes, clear.

It may be asked in what terms should we define impotency in women as distinct from sterility or infertility? I would answer broadly, that the same terms apply nearly to both sexes; and in woman as in man it consists in an inability to complete, in the usual manner of nature, the copulative act; that in impotent women this act is simply mechanical, without the subjective and characteristic nervous sensations that constitute the acme of the sexual emotion. Hence, the woman in this condition is passionless; the act itself being without pleasurable consummation, she comes to regard it with indifference, and finally, with aversion.

The holier and more lasting part of the union between the sexes is spiritual, but united inextricably with a bodily one; here then we have the substance to this spiritual essence, the

[1] The following is a curious illustration of this fact: Dr. Galabin reported to the Obstetrical Society of London, Nov., 1876, a case of Cesarean section for cicatricial obliteration of the vagina, in which the orifice of the vagina only admitted a No. 6 catheter. After a labor of six days a dead child was removed by the section.—Obstet. Jour. Great Brit. and Ire., Vol. IV., p. 607. Also case of Dr. Packard, Amer. Jour. Obstet., Vol. II., p. 348.

Two interesting cases were also reported by Dr. Leopold, to the Obstetrical Society of Leipzig, entitled, "Two Cases of Existing Complete Impotentia Coeundi," Archiv für Gynäkologie, Bd. XI., p. 400.

perfection and preservation of which conserve moral purity, social welfare, as well as bodily health and happiness.

Like its analogous condition in the other sex, it has the significance of a symptom and not that of a morbid entity. It is the outcome of errors of either structure or function of the parts involved in the reproductive apparatus, or it may be the result of subjective mental conditions.

I believe it occurs far more frequently among women than men. Indeed, this may be made a general observation concerning the relative frequency of diseases of the sexual parts and functions in the sexes; and further, that diseases of this nature, extremely rare as they are among men, are postponed to the decline of life, while among women they are mostly confined to the meridian of life. This has also a close relation to the causes of this excessive liability of women to sexual diseases. The activity of the generative organs in women are nearly ceaseless, while in man, unless actually engaged in the performance of function, they are undergoing the recuperation of rest. Further, these organs and their function in women afford a more complete measure of her organic life, and define more nearly the limits of her activities than in man, in whom these parts and functions are subordinate to other phases of activity. A brief reference to the moral atmosphere that is liable to envelop these cases will serve to confirm my opinion of their importance and to preserve the apologetic tone of this introductory.

It may exist as a twofold cause of unhappiness and ill-health. Firstly, in dealing with man so far as he bears relation to my subject, we are regarding him in his coarser relations—not in any sense as an intellectual being, but as he exists among animals as one supremely selfish. He not only demands pleasure and satisfaction for himself, but he requires something much more difficult to give—the appearance, if not the real existence, of satisfaction and pleasure in the object of his attentions. Unhappiness and suspicion are often the result of the absence of this pleasure, and are sure to work the material disadvantage of the weaker party. To show that this is really the case, I need but to remind physicians how often they are approached by husbands upon this subject; and yet further,

how often the coldness and indifference of wives are alleged as the excuse for conjugal infidelity.

In the absence of any definite knowledge concerning the physiology of the subjective sensations involved in this act, all speculation would be out of place in a practical view of the subject. Our knowledge of the matter may be summed up in the words: that we know they are concomitants of moral and physical health, and that their absence points to either a radical and innate psychical or physical defect, or to coexisting disease.

This brings us to a consideration of the causes. We may divide them into three groups:

I.—MENTAL, subdivided into:

a. Congenital psychical defects.
b. Temporary mental conditions.
c. Sexual incompatibility.

II.—GENERAL PHYSICAL CAUSES.

a. Debility resulting from constitutional and other diseases not sexual.
b. General defective development.
c. Lactation.

III.—CONDITIONS OF THE SEXUAL ORGANS AND NEAR PARTS.

a. Defective development and result of injury.
b. Dyspareunia (Barnes) resulting from (1) uterine displacement; (2) hyperemia of the uterine body; (3) ovarian inflammation or congestion; (4) colpitis, either simple or specific; (5) spasmodic contraction of the vagina (vaginismus, Sims); (6) vascular tubercles of meatus urinarius; (7) diseases of the rectum, as fistula, fissure, or inflamed piles or ulcers.
c Deranged nervous system from uterine displacements and other chronic uterine diseases, and debility from exhausting discharges and chronic uterine disease.
d. Morbid growths.
e. Delayed or arrested menstruation.

I.—*a.* There are phases of impotency beyond the power of medicine to remove, and, as having their causes within that debatable ground existing between mental physiology and psychological speculation, beyond the power of science to know. It is useless to theorize about these cases; we simply know that they do exist. In married life they are rare, but it is impossible to know how many among the vast number of female celibates owe their condition to the repulsion of the other sex, that would naturally result from an entire absence or great repression of the sexual tendency. The few cases that have come to my knowledge were not associated with any common state of physical condition or temperament. These cases show marked traces of heredity, and are, I believe, the accompaniment of those instances of sterility that are known to prevail in families. This condition has been anciently recorded. Solomon, than whom no man was more competent to offer an opinion, in one of his Proverbs (xxx. 16) compares the insatiable qualities of the barren uterus to the grave.

b. In the male sex impotency is often dependent upon transient mental conditions. Numerous cases are cited in medical jurisprudence, of men who are impotent as to one woman, but virile to another. An offensive person, dislike, extreme differences in age, and even less evident causes, may produce this result. The acute emotional nature of woman renders her far more liable than man to the operation of these causes. In addition to these, other causes exist in her case to which men are less exposed. Habitual intoxication, neglect, and known immorality, and the presence of secondary syphilis in the husband has, within my own knowledge, been the cause of such intense dislike that the sexual act was entirely devoid of subjective completion. These causes are outside of the office of the gynecologist, and are here brought forward for the purpose of demonstrating the great variety of causes which may tend to this condition.

With regard to the third cause under this head (*c*), *sexual incompatibility*, the careful physician can accomplish some good. Owing to the reticence that one instinctively feels when speaking of this subject, I shall not do more than allude to it. So far as my own observation extends, the husband is generally at fault. The more common cause is acute sexual irritability

on the part of the husband. This is often the case with young husbands who have been guilty of masturbation in early life. So sensitive are the male organs in some cases to the sexual stimulus, that it amounts nearly to impotency. This is the result of either of one or the other of the following causes—debility or excess of sexual emotion. In the first, good results are often obtained by the use of phosphorus, nux vomica, iron, cantharides, cold sponge-baths, complete and prolonged abstinence from sexual attempts, and discontinuing stimulants or tobacco if indulged in; the last cause is often moderated or removed by the use of the bromides, digitalis, camphor, low diet, and if these fail, by a resort to some of the numerous articles that are known or supposed to have antiphrodisiac properties.

There is one other condition which belongs properly under this division of the subject—the unequal development of the sexual organs in the sexes. Nature usually provides a remedy in the power of the vagina to accommodate itself to almost any distending force. This condition I believe to be but seldom brought to the notice of the physician; but the other often forms the subject of complaint, and deserves delicate and considerate attention.

II.—*General physical causes* operate directly to produce the result we are studying, and chief among them is (*a*) debility of the system at large. It may be said usually to accompany the amenorrhea that is the result of tuberculosis of the lungs; and in those cases of this disease in which the menstrual function is preserved to the last, it is developed when the resulting general physical depression reaches a certain point. The dyscrasia of scrofula, cancer, or syphilis, has the same result. Diseases of a less profound character, if prolonged to the extent of causing depression to this limit, are also potent. I have a case now under my care of a well-developed young married woman, who for several years has suffered from a mild form of chronic diarrhea. She says that for a long time she has not experienced the sexual orgasm, and as a consequence her relations with her husband have been nearly suspended. In this case, although quite a degree of debility was produced, there was but slight loss of flesh. While for several months past the diarrhea has been to a great extent under control, and she has

been gaining in strength, yet the sexual disability has not been removed. Let this case suffice to illustrate the great variety of causes that, operating through a depressed physical tone, may produce this result. The indications for treatment are self-evident.

Those extremely rare cases (*b*) in which there is an arrest of development generally, the form preserving the characteristics of childhood, simply require mention. In lactation (*c*), however, we have a more important subject to consider. I believe it to be often the physiological cause of female impotency. That it is not generally the case, however, is clear. Neither is it generally the case that menstruation is suspended during the entire continuance of this function. Lactation may be regarded as a vicarious outlet for sexual energies, and therefore upon theoretical grounds such a result may be looked for more particularly during that part of lactation in which the uterine function is in abeyance. In abnormal or excessive lactation, and which is not rarely found associated with profuse menstruation, we have combined both the physiological result and that referred to above (*a*). So far as either of these conditions relates to our subject, it does not require treatment.

We enter a more practical field when we consider (III.) *those conditions of the sexual organs or adjacent parts* that may directly cause this phase of impotency.

In defective development the results of injury (*a*) there exist mechanical causes, some of them admitting of a surgical remedy. In atresia vaginæ, the patency of the passage may be restored; and in fistula, extensive rupture of the perineum, and the binding of cicatricial bands, the remedy lies in the same measure. In the forms of impotency that depend upon defective and deformed development, we are narrowed to a very small field in our efforts at correction. In imperforate and undue resistent hymen, and in such as I reported in the *New York Medical Journal* for March, 1876, of a congenital transverse vaginal septum, the treatment is evident and simple. In the case referred to, the sexual incompetency did not disappear for several months after the operation. So far as injuries are concerned, we may say that they are productive of impotency whenever they are of such an extent as to interfere with the value of the parts as a sexual apparatus. It would need-

lessly extend this paper to refer to them separately, or speak of the details of treatment.

Dyspareunia (*b*), or painful or difficult sexual intercourse, exceeds in a great measure all the conditions enumerated above as causes of impotency. As a general principle, it may be said that uterine disease can produce this result only through dyspareunia, or by means of debility or the serious nervous symptoms that are liable to group themselves round old forms of uterine disease. I believe that retroversions or flexions are nearly always attended with this result if of long standing.[1] The opposite form of dislocation is not usually so attended, for the reason that the hypersensitive uterine body is thrown forward out of the way of the male organ, while in the posterior dislocation the line of displacement lies directly across that of copulative effort. Prolapsus—unless of the third degree—free from any cause productive of tenderness of the uterine body or neck, cannot usually tend to impotency; in fact, a slight degree of prolapsus is known to favor conception. The other causes, hyperemia of the uterus (2), ovarian inflammation or neuralgia (3), colpitis, either simple or specific (4), are direct causes of dyspareunia. Another condition, termed vaginismus (5), has of itself attracted great attention; but the description of Sims and other authors is confined to the rare and extreme forms of the disease, ignoring its lighter and less painful phases, and as the latter are far more common, they are consequently of greater importance. If the term vaginismus is confined to the extreme forms of this disease, the condition I wish to designate may be termed painful spasm of the vagina.[2] It is not so

[1] Dr. Wright quotes Dr. Chambers to this effect: "When the anteversion has become considerable, 'that many wives lose suddenly the inclination for, and the power to bear their matrimonial privileges.' "—"Uterine Disorders: their Constitutional Influence and Treatment," by Henry G. Wright, London, 1868, p. 68.

[2] Upon the anatomy of this subject the opinion of Hildebrandt is of interest. He says: "It appears unquestionable to me that this group of muscles can be no other than that of the levator ani, which embraces the middle lateral and the posterior portion of the vagina in the shape of a horse-shoe, and which during its most powerful tonic contraction seizes a cylindrical body enclosed in its grasp, like the erected penis, from behind and both sides, and presses it forward against the anterior pelvic wall." And in regard to the superior vaginal constrictor of Sims (constrictor cunni superior), the author's opinion

severe as to exist as an obstacle to sexual intercourse, but adds the element of pain to what ought to be painless and pleasurable. I have heard women who have been years married, make the confession that they had never attempted intercourse without pain. I recall the case of Mrs. S., thirty-eight years old, eighteen years married and childless, who applied to me for treatment for this trouble. I was unable after a most careful search to reach an explanation, and after attempting treatment under various theories as to the cause, my patient left me without receiving any benefit. These cases are, however, generally associated with dryness and hyperæmia of the vaginal walls, and an inspection of the ostium vaginæ shows the same condition existing at this point. Oftentimes the vagina does not resist the entrance of either the finger or the speculum by spasm, nor does the examination elicit pain, yet the sexual act is painful. This pain is usually referred to the entrance of the vaginal canal. The explanation that seems to meet the phenomenon is that the excitement attending the sexual act induces a spasm of the parts not produced by any other form of irritant. So far as my own experience goes, and I have seen quite a number of them, these cases are always impotent, and are so as a direct result of the dyspareunia. The only treatment I shall venture to suggest is the free use of the warm vaginal douche, the temperature of the water being about 105°, and the amount not under a gallon. This is to be followed by the injection of a drachm of glycerine by means of a small glass vaginal syringe. Vascular tubercles (6) of the urinary meatus are always painful, as are also minute points of erosion of the mucous membrane not rarely found at this point. Cases of the latter, from the absence of serious uterine symptoms, are liable to exist for a long time undiscovered; and are only found by actual inspection of the parts. The vascular growths at the meatus are generally brought to the notice of the physician, owing to the severe pain that is excited by urination, while the pain in sexual intercourse is rarely referred to unless in answer to a question. As the relief is prompt after proper treatment, the physician, without suspecting it, cures one disease

is expressed emphatically that it "can be no other than the levator ani" ("On spasmodic contraction of the levator ani during coition."—Archiv für Gynäkologie, Vol. III., pp. 224, 230.)

by removing the other. I shall make one suggestion as to the treatment of these growths, namely, to use fuming nitric acid as a caustic instead of the generally popular silver nitrate. The latter is much more painful than the acid, and is too feeble to remove even the most minute tubercles, except several applications are made. Of course, if the tubercles are numerous and of large size, the use of the scissors is the better way.

Diseases of the rectum (7) come in for a large share in the production of dyspareunia, and are always serious and sometimes difficult to treat. Fistula and hemorrhoids are the less serious and better understood in their treatment, while some nearly incurable diseases occur in this part. I have met with cases of chronic ulcers of the rectum that have existed for years and defied the treatment of skilful surgeons. The tuberculous ulcers of the rectum are oftentimes incurable. Simple ulceration treated by means of nitric acid, or the nitric acid of mercury, is usually quite tractable. The common perineal retractor is the best instrument to employ in exposing the cavity of the rectum, compared to which all forms of rectal speculæ are very imperfect instruments. In regard to the inveterate and tuberculous ulcers, I have no special treatment to recommend, as in one case all the means I had ever read of, or had originated myself, failed.

Deranged nervous system from uterine displacements and chronic uterine disease, as well as the general debility that results from the same causes (*c*), act by destroying the degree of health necessary to the proper performance of the sexual effort. This act is a normal and functionally healthful one, and, not unlike all other normal physical acts, requires the presence of a certain degree of vigor and health for its proper performance. These conditions are sufficient to induce impotency in man, and are still more potent to produce the same result in the more delicately constructed system of woman. The group of nervous symptoms that attend various forms of uterine disease is but little understood. The nervous system is the field in which uterine diseases produce their most disastrous effects. The laws that govern the relations of the reproductive organs with the various system of nerves—more especially in their diseased relations—yet require to be studied. Impotency is, of necessity almost, a direct result of this nervous derangement when it is a

constant attendant of uterine disease or profound in its sympathetic relations. There is, nevertheless, a large class of cases in which the vigor and nutrition of the body are mainly and disastrously affected by uterine disease while the nervous system preserves its normal tone. So far as my experience goes, these are cases of disease attended by exhausting discharges—either of albuminous leucorrhea or hemorrhage, rather than by displacements. In the end, impotency is accomplished through the same agency, that of lack of vital energy. In both of these conditions dyspareunia is not an element in the defect of the copulative act.

Morbid growths (*d*) are a mechanical cause, and act by the production of pain, or by interposing an obstacle to sexual intercourse. They are alluded to in order to render the analysis of the conditions leading to this result complete, and do not require further attention, the indications for treatment being evident.

In considering the effect of delayed or arrested menstruation (*e*) in the production of impotency, we enter a wide field of speculation. In our present knowledge of menstruation and its physiological relations to the purely sexual function, it will lead to but slight advantage to enter into details. It is probable, however, that when suppressed menstruation is an attendant upon a delayed puberty, impotency is necessarily a result for the time being. The same conclusion is reasonable when menstruation is arrested by reason of chlorosis or debility, or from a congenital or acquired feebleness of constitution. Perverted, irregular, or arrested ovarian action must strike at the very origin of sexual emotions as directly involved in the act itself, and as such, must be an efficient cause of impotency. The absence of the ovaries, not congenital, as a result of ovariotomy or destructive disease, needs not be more than alluded to, as there is evidence, in some cases at least, that their removal has had no effect upon the sexual sensations of the woman. It is worth while, however, to observe, that these cases may be those of women who never experienced the sexual orgasm, and therefore their subjective sensations would remain unchanged. There is every reason to believe that there exists a large class of women—as the reader may have inferred from this paper—who remain ignorant through life of these sensations. An

arrested menstruation the result of accidental causes, and not symptomatic of a general and serious derangement of the health, would not imply impairment of sexual vigor. The functions of menstruation and ovulation, as distinct acts both as to time and cause, have, it is to be presumed, not a united action in causing impotency, except as they may result from a common cause. Normal arrest of menstruation, such as attends pregnancy and lactation, do not require mention other than they have received in a former part of this paper.

I have thus gone briefly over the more evident conditions that may lead to impotency in women, for the purpose of calling attention to a subject that I believe to be important, both as a conservator of morals and as a necessity to domestic happiness. I have purposely omitted details of treatment, as the causes mainly alluded to are generally well understood.

A few words in conclusion as to the motive of this paper. Woman in her sexual relations is generally written and spoken of as if she were naturally deficient in any physical sensations that are purely and in every sense the analogue of virility in the male. There is no word for this normal and necessary sexual tone, as applied to women, in gynecic literature. It seems proper in the absence of any such term to express the idea, with unavoidable circumlocution, by saying that it is the analogue of the subjective copulative sensations of man, and that the acme of the sexual orgasm in woman is the sensory equivalent of emission in man, observing the distinction necessarily implied between the sexes—that in woman it is psychic and subjective, and that in man it has also a physical element and is objective. The absence, therefore, of such sensations in woman I have termed impotency.